Tax Year: 2017-2018



## Town of Barrington

- ASSESSMENT DIVISION -C/O BARRINGTON TOWN HALL 283 COUNTY ROAD

BARRINGTON, RI 02806

<u>True and Exact Account</u> of All Ratable Estate Owned, or Possessed, As of 12/31/2016

Per Rhode Island General Law 44-5-15

Incomplete forms will be returned to you, filing deadlines <u>cannot</u> be extended by the Assessor's Office

## This form MUST be filed between January 1, 2017 and January 31, 2017

-	_	etween January 1st o	•	
v	must be filed bet	tween March 1, <mark>201</mark>	17 & March 15, 20	117
DATE OF APPLICATION:				
APPLICANT(S) NAME:				
TITLE:				
CURRENT MAILING ADDRE	SS:			
CITY / STATE / ZIP:				
PHONE NUMBER(S):	Home:		Cell:	
EMAIL ADDRESS:				
REAL ESTATE (If more to	<mark>han one parcel</mark>	<mark>is owned or possess</mark>	sed, please explain	on additional pages)
Property Location:				<u>_</u>
Plat / Lot:				<u></u>
Account Number:				
2017 Assessed Value:	\$			( Current Field Card )
2016 Assessed Value:	\$			( Current Tax Bill )
Insured Amount	\$			
Fair Market Value:	\$			
Based Upon:	Appraisal / Real I	Estate Broker / Owner'	's Estimate /	_
If there has been a change in to changes (attach applicable ph (single family to two family, etc property record card, please exp	otographs). If c.) please explai	there has been a control of the cont	change in the <u>us</u> hose changes. If th	age of your real estate here is an <u>error</u> on your

N	TOTOR VEHICLE	(S) / MOTO	RCYCLES / MOI	BILE HOMES, ETC				
Plate Number:		. ,	Plate Number:	,				
Registered Where:	Town:	State:	Registered When	re: Town:	State:			
# of Days Registered:			# of Days Registere	ed:				
Year:			Year:					
Make:			Make:					
Model:			Model:					
Color:			Color:					
VIN:			VIN:					
(Please list all other vehicles below, or on a separate sheet of paper)								
PERSONAL PROPERTY								
If you are filing a True and Exact Account for a corporation, partnership, sole-proprietorship, or any other business related entity regarding the business'; computer equipment, software, furniture, fixtures, inventory, leased equipment, leasehold improvements and taxable personal property, please call the Assessor's Office for a more detailed form.								
List other vehicles, or real estate owned or possessed on these lines								
	AP	PLICANT'S	CERTIFICATION CONTROL OF CONTROL	ON				
I certify, <u>under penalty of perjury</u> , that the above listed information is to the best of my knowledge a true and exact account of all ratable estate owned or possessed by me ( <u>real estate, motor vehicles and personal property</u> ). Any misrepresentation of these facts may result in a loss of your appeal rights in the Town of Barrington, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level.								
Respectfully submit	ted,							
Sign Name Here:								
Print Name Here:			_					
Date:								
Title:								
NOTARY PUBLIC								
State of Rhode Island								
County of								
Subscribed and sworn to	before me at		this	day of	20			
My commission expires	My commission expires:  Signature of Notary Public							
** THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED **								